

1-10 (canceled)

11 (currently amended): A method of monitoring the progression of HIV infection or AIDS in a patient, the method comprising:

(a) measuring the number of pDC2 cells in a lymphoid tissue or blood sample obtained from the patient, wherein the pDC2 cells are CD4⁺, CD3⁻ and CD11c⁻; and

(b) comparing the number of pDC2 cells in said sample with the number of pDC2 cells in a control sample, where the control sample is from a subject or subjects free of HIV infection or AIDS,

wherein a number of pDC2 cells in the patient sample below the number of pDC2 cells in the control sample indicates that HIV infection or AIDS the disease or disorder is progressing.

12-14 (canceled)

15 (currently amended): A method of assessing the effectiveness of a therapeutic or pharmaceutical composition in treating, inhibiting or ameliorating HIV infection or AIDS in a patient, the method comprising measuring and comparing the number of pDC2 cells in a lymphoid tissue or blood sample obtained from the subject before and after treatment with the therapeutic or pharmaceutical composition, wherein the pDC2 cells are CD4⁺, CD3⁻ and CD11c⁻, and wherein an increase in the number of pDC2 cells in the sample after treatment indicates that the composition is effective.

16-20 (canceled)

21 (previously presented): The method of claim 11, wherein the lymphoid tissue or blood sample is a peripheral blood sample.

22 (previously presented): The method of claim 11, wherein the pDC2 cell number is determined by counting CD4⁺ CD3⁻ CD11c⁻ cells.

23 (previously presented): The method of claim 22, wherein the pDC2 cells are isolated before counting.

24 (previously presented): The method of claim 23, wherein the pDC2 cells are isolated by magnetic-bead depletion of B, T and natural killer (NK) cells and monocytes, followed by fluorescence activated cell sorting.

25 (canceled)

26 (previously presented): The method of claim 15, wherein the lymphoid tissue or blood sample is a peripheral blood sample.

27 (previously presented): The method of claim 15, wherein the pDC2 cell number is determined by counting CD4⁺ CD3⁻ CD11c⁻ cells.

28 (previously presented): The method of claim 27, wherein the pDC2 cells are isolated before counting.

29 (previously presented): The method of claim 28, wherein the pDC2 cells are isolated by magnetic-bead depletion of B, T and natural killer (NK) cells and monocytes, followed by fluorescence activated cell sorting.

30 (currently amended): A method of monitoring the progression of HIV infection or AIDS in a patient, the method comprising:

(a) measuring the number of pDC2 cells in a lymphoid tissue or blood sample obtained from the patient, wherein the pDC2 cells are CD4⁺, CD3⁻ and CD11c⁻; and

(b) comparing the number of pDC2 cells in said sample with the number of pDC2 cells in a control sample, where the control sample is from a subject or subjects having HIV infection or AIDS that is progressing,

wherein a number of pDC2 cells in the patient sample above the number of pDC2 cells in the control sample indicates that HIV infection or AIDS is not progressing.

31 (canceled)

32 (previously presented): The method of claim 30, wherein the lymphoid tissue or blood sample is a peripheral blood sample.

33 (previously presented): The method of claim 30, wherein the pDC2 cell number is determined by counting CD4⁺ CD3⁻ CD11c⁻ cells.

34 (previously presented): The method of claim 33, wherein the pDC2 cells are isolated before counting.

35 (previously presented): The method of claim 34, wherein the pDC2 cells are isolated by magnetic-bead depletion of B, T and natural killer (NK) cells and monocytes, followed by fluorescence activated cell sorting.